

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029643

STATE FILE NUMBER

FILED AUG 19 1958

Registration District No. 200

Primary Registration District No. 5721

Registrar's No. 41

300
1-57
0610

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

85
1

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Macon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Callao Rural		c. CITY OR TOWN Callao	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ----		d. STREET ADDRESS (If outside, give location) 0610	
3. NAME OF DECEASED (Type or print) First James C. Middle Cole Last Cole		4. DATE OF DEATH Month 7 Day 16 Year 58	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY ----	11. BIRTHPLACE (City and state or country) Macon County, Missouri
13a. FATHER'S NAME Andrew Cole		13b. MOTHER'S MAIDEN NAME Hannah Rickets	14. NAME OF HUSBAND OR WIFE Alma Cole
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. ----	17. INFORMANT Alma Cole Address Callao, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Destruction of large segment of Colon Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Cancer DUE TO (c) 1532			INTERVAL BETWEEN ONSET AND DEATH 8 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 7/14/58 to 7/16/58 and last saw him alive on 7/15/58 Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE C E Sharp (Degree or title) OC 2		22b. ADDRESS Callao Mo	
22c. DATE SIGNED July 21, 58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 7-18-58	
23c. NAME OF CEMETERY OR CREMATORY Mt. Carmel Cem.		23d. LOCATION (City; town, or county) Gifford, Mo.	
24. FUNERAL DIRECTOR H. G. Edwards ADDRESS Bevier, Mo.		25. DATE RECD. BY LOCAL REG. 7/26/58	
26. REGISTRAR'S SIGNATURE Mo Ruth McFady			

DEPT. OF HEALTH
DIVISION OF HEALTH SERVICES
8-18-58

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *H. G. Edwards*

Licensed Embalmer No. *1961*

P. O. Address *Brewer, M.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.